

CORRECTIONS DIVISION

NOVEMBER 21, 2002

To: Captain P. Taylor

Reference: Response to enter office memo concerning mandatory part-time officer's staff meeting
November 13, 2002.

The following is a list of things that were covered during the meeting.

1. Uniforms – Complete with duty belt. (Boots shined, etc.)
2. Reporting any changes in Military duty assignment or hours worked.
3. Work excuse or orders stating why officer failed to report or must miss duty.
4. Time sheets – Neat with full name, badge number, date, and signature.
5. Schedule – Must be followed strictly and any changes reported to Captain Taylor and Sergeant Reese.
6. Hours worked per two-week pay period can't exceed seventy (70) hours unless approved first by Captain Taylor. No exceptions!
7. Part-timers are not to work any holidays unless first approved by Captain Taylor.
8. Training in towers and on floors.

Officers present:

Deputy Bourne #288

Deputy Celentano #160

Deputy Helton #174

Deputy Raiford #294

Deputy Young #295


Sergeant Reese, D. #243

cc: Major Gaston-Riley
ADC Supervisors
Officer file



HARRISON COUNTY SHERIFF'S DEPARTMENT

George H. Payne, Jr.
Sheriff

Post Office Box 1480
Gulfport, Mississippi 39502

INTER-OFFICE MEMO

CORRECTIONS DIVISION

NOVEMBER 13, 2002

To: Captain P. Taylor

Ref: Mandatory staff meeting with all shift part-timers

The following is a list of all part-timers who are required to be present November 20, 2002 for a mandatory staff meeting to be held in shift briefing at the Harrison County Adult Detention Center @ 1700 hours.

Deputy Bourne #288
Deputy Celentano #160
Deputy Cooke #216
Deputy Helton #174
Deputy McPhearson #193
Deputy Raiford #294
Deputy Williams #173
Deputy Young #295
Deputy Nagorka #202
Deputy Poage #318
Deputy Townsend #267
Deputy Wilson #232

D. Reese
Sergeant Reese, D #243

cc: Major Gatson-Riley
ADC Supervisors
ADC Staff

HARRISON COUNTY SHERIFF'S DEPARTMENT TRAINING ATTENDANCE RECORD

Phil L. Taylor ATTENDED A TRAINING CLASS
(NAME)

TITLED: CHARACTER / ETHICS

ON 17 July 26, 2002 AND RECEIVED 1

TRAINING CREDIT HOUR (S) / MINUTE (S).

CERTIFIED SIGNATURE:

ng Gates

NAME OF CERTIFYING INDIVIDUAL:

NORMA GATES
(PRINT)

HARRISON COUNTY SHERIFF'S DEPARTMENT TRAINING ATTENDANCE RECORD

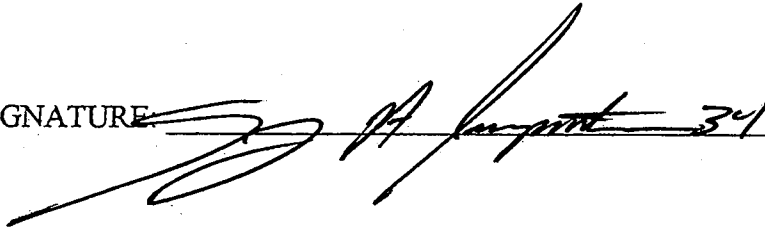
Phil L. Taylor ATTENDED A TRAINING CLASS
(NAME)

TITLED EVIDENCE / CRIME SCENES

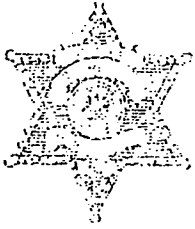
ON NOVEMBER 20 20 02 AND RECEIVED 2.0

TRAINING CREDIT HOUR (S) / MINUTE (S).

CERTIFIED SIGNATURE

A handwritten signature in black ink, appearing to read "Troy A. Carpenter", is written over a horizontal line.

NAME OF CERTIFYING INDIVIDUAL: INV. TROY A. CARPENTER #34
(PRINT)



HARRISON COUNTY SHERIFF'S DEPARTMENT

George H. Payne, Jr.
Sheriff

Post Office Box 1480
Gulfport, Mississippi 39502

SPECIAL ORDER #02-341

DATE: AUGUST 20, 2002

INDEX AS: SPECIAL ASSIGNMENT

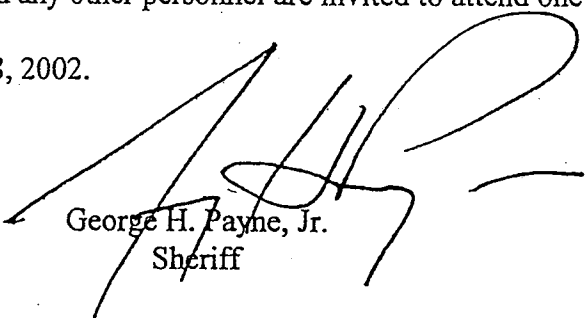
SUBJECT: PHYSICAL FITNESS BRIEFING

TO: MAJOR DIANNE RILEY
MAJOR MELVIN BRISOLARA
CAPT. TAYLOR
LT. MCGOWIN
LT. RANDALL

There will be a 45-minute Roll Call Physical Fitness Briefing on Wednesday, August 28, 2002, at 0700 hours, 1400 hours or 2200 hours. The briefing is being held in the Multi-purpose Room (D Hallway).

Correction Officers, Deputies and any other personnel are invited to attend one of these briefing.

This Order is effective August 28, 2002.


George H. Payne, Jr.
Sheriff

GHP:ERC/ds

Cc: Major Cook
Deputy Ertle
Sgt. Krieger
File



HARRISON COUNTY SHERIFF'S DEPARTMENT

George H. Payne, Jr.
Sheriff

Post Office Box 1480
Gulfport, Mississippi 39502

SPECIAL ORDER: 02-291

DATE: July 10, 2002

INDEX AS: SPECIAL TRAINING ASSIGNMENT

SUBJECTS: LEEDA LEADERSHIP & MANAGEMENT SEMINAR

TO: CAPTAIN PHIL TAYLOR

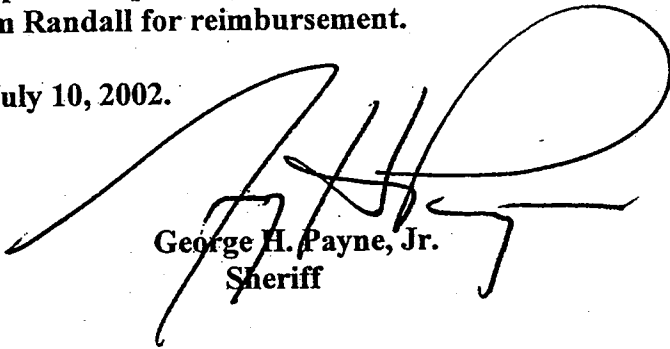
You have been scheduled to attend the above-mentioned Seminar to be held on Monday, August 5 & conclude at 1 p.m. on Wednesday, August 7. The Seminar will be held at the Clarion Hotel & Convention Center in Jackson, Ms.

Reservations have been made at the Clarion Hotel. The confirmation number is #134102.

You are authorized the use of a Sheriff's Department vehicle for travel.

You will need to see Lt. Jim Randall in Transport to secure your per diem and travel card. Any out-of-pocket expense (receipts) should be turned in at the end of this training to Lt. Jim Randall for reimbursement.

This Order is effective July 10, 2002.


George H. Payne, Jr.
Sheriff

GHP/sr

cc: Personnel File
Major Dianne Riley
Sgt. Krieger
Fran Palmer

TO: ~~Captain Taylor~~
Correction Division

FROM: Sgt. Krieger
Professional Standards Division

DATE: July 01, 2002

REF: Training Instructor Critiques

After reviewing the instructor critiques that were completed this past year, I would like to take this opportunity to inform you that you were rated above average by the attendees. As an instructor, you are placed in a position that carries with it a great deal of responsibility. Your dedication as an instructor is greatly appreciated.

cc: Major Riley
Capt. Smith
~~Training File~~

HARRISON COUNTY SHERIFF DEPARTMENT TRAINING CRITIQUE

Date: 28 Sep 01

Training Title: Jail security/Key control
conduct & professionalism

Instructor: Cpt. Taylor

Please, answer all questions to assist with the continuing evaluation of Training.

1. What did you like about the Training? Instructor was very dedicated
2. What did you dislike about the Training? n/a
3. Was the instructor well prepared? yes
4. Did the instructor appear to have knowledge of this course? yes
5. Was the Training material presented in such a way that it was easily understood? yes
6. Did you learn anything that you can apply to your job? yes
7. What was your overall evaluation of this program?
Superior Above Average Average Below Average Poor
8. Any additional comments/suggestions: no

Evaluator Background (Name is Optional)

Name: Bobby Smith

Rank: Corrections Officer

Division: Jail

HARRISON COUNTY SHERIFF DEPARTMENT TRAINING CRITIQUE

Date: 25 Sept. 01 Training Title: CONDUCT 3, PROFESSIONALISM
JAIN SECURITY/KEY CONTROL
Instructor: CAPT. TAYLOR

Please, answer all questions to assist with the continuing evaluation of Training.

1. What did you like about the Training?
Very Informative
2. What did you dislike about the Training?
N/A
3. Was the instructor well prepared?
yes
4. Did the instructor appear to have knowledge of this course?
yes
5. Was the Training material presented in such a way that it was easily understood?
yes
6. Did you learn anything that you can apply to your job?
yes
7. What was your overall evaluation of this program?

Superior	<u>Above Average</u>	Average	Below Average	Poor
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8. Any additional comments/suggestions:

Evaluator Background (Name is Optional)

Name: BETH DESPER

Rank: _____

Division: _____

HARRISON COUNTY SHERIFF DEPARTMENT TRAINING CRITIQUE

Date: 9-25-01

Training Title: CONDUCT & Professionalism

Instructor: Capt. Taylor

Please, answer all questions to assist with the continuing evaluation of Training.

1. What did you like about the Training? very informative
2. What did you dislike about the Training? nothing
3. Was the instructor well prepared? very prepared
4. Did the instructor appear to have knowledge of this course? yes
5. Was the Training material presented in such a way that it was easily understood? yes
6. Did you learn anything that you can apply to your job? yes
7. What was your overall evaluation of this program?
Superior Above Average Average Below Average Poor
8. Any additional comments/suggestions: NO

Evaluator Background (Name is Optional)

Name: _____

Rank: _____

Division: _____

HARRISON COUNTY SHERIFF DEPARTMENT TRAINING CRITIQUE

Date: 11-13, 14, 2001

Training Title: Professionalism

Instructor: Capt. Taylor

Please, answer all questions to assist with the continuing evaluation of Training.

1. What did you like about the Training? To Be professional
2. What did you dislike about the Training? Nothing
3. Was the instructor well prepared? yes
4. Did the instructor appear to have knowledge of this course? yes
5. Was the Training material presented in such a way that it was easily understood? yes
6. Did you learn anything that you can apply to your job? yes
7. What was your overall evaluation of this program?

<u>Superior</u>	Above Average	Average	Below Average	Poor
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8. Any additional comments/suggestions: None

Evaluator Background (Name is Optional)

Name: _____

Rank: _____

Division: _____

HARRISON COUNTY SHERIFF DEPARTMENT TRAINING CRITIQUE

Date: 09-26-01 Training Title: Jail security/Key control
Instructor: Capt. Taylor

Please, answer all questions to assist with the continuing evaluation of Training.

1. What did you like about the Training?
everything
2. What did you dislike about the Training?
nothing
3. Was the instructor well prepared?
yes
4. Did the instructor appear to have knowledge of this course?
yes
5. Was the Training material presented in such a way that it was easily understood?
yes
6. Did you learn anything that you can apply to your job?
yes
7. What was your overall evaluation of this program?

<u>Superior</u>	Above Average	Average	Below Average	Poor
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8. Any additional comments/suggestions:

Evaluator Background (Name is Optional)

Name: Dexter Burnside Rank: _____
Division: _____

HARRISON COUNTY SHERIFF DEPARTMENT TRAINING CRITIQUE

Date: 092501 Training Title: Conduct & Profess
Instructor: Capt. Taylor

Please, answer all questions to assist with the continuing evaluation of Training.

1. What did you like about the Training?
everything
2. What did you dislike about the Training?
nothing
3. Was the instructor well prepared?
yes
4. Did the instructor appear to have knowledge of this course?
yes
5. Was the Training material presented in such a way that it was easily understood?
yes
6. Did you learn anything that you can apply to your job?
yes
7. What was your overall evaluation of this program?

<u>Superior</u>	Above Average	Average	Below Average	Poor
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8. Any additional comments/suggestions:
NONE

Evaluator Background (Name is Optional)

Name: Jexter Burnside

Rank: _____

Division: _____

HARRISON COUNTY SHERIFF DEPARTMENT TRAINING CRITIQUE

Date: 16 Nov 01

Training Title: _____

Instructor: CAPT. TAYLOR

Please, answer all questions to assist with the continuing evaluation of Training.

1. What did you like about the Training? ALL GOOD
2. What did you dislike about the Training? NOTHING
3. Was the instructor well prepared? YES
4. Did the instructor appear to have knowledge of this course? YES
5. Was the Training material presented in such a way that it was easily understood? YES
6. Did you learn anything that you can apply to your job? YES
7. What was your overall evaluation of this program?

<u>Superior</u>	Above Average	Average	Below Average	Poor
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8. Any additional comments/suggestions:

Evaluator Background (Name is Optional)

Name: _____

Rank: _____

Division: _____

HARRISON COUNTY SHERIFF DEPARTMENT TRAINING CRITIQUE

Date: 13 Nov 01 Training Title: _____

Instructor: Capt Taylor

Please, answer all questions to assist with the continuing evaluation of Training.

1. What did you like about the Training?

Very Sincer and Very Motivating

2. What did you dislike about the Training?

3. Was the instructor well prepared?

Yes

4. Did the instructor appear to have knowledge of this course?

Yes

5. Was the Training material presented in such a way that it was easily understood?

Yes

6. Did you learn anything that you can apply to your job?

Everything

7. What was your overall evaluation of this program?

Superior

Above Average

Average

Below Average

Poor

8. Any additional comments/suggestions:

Evaluator Background (Name is Optional)

Name: _____

Rank: _____

Division: _____

HARRISON COUNTY SHERIFF DEPARTMENT TRAINING CRITIQUE

Date: 9-19-01

Training Title: Jail Security

Instructor: Capt Taylor

Please, answer all questions to assist with the continuing evaluation of Training.

1. What did you like about the Training?

everything

2. What did you dislike about the Training?

nothing

3. Was the instructor well prepared?

Yes

4. Did the instructor appear to have knowledge of this course?

Yes

5. Was the Training material presented in such a way that it was easily understood?

Yes

6. Did you learn anything that you can apply to your job?

Yes

7. What was your overall evaluation of this program?

Superior

Above Average

Average

Below Average

Poor

8. Any additional comments/suggestions:

Evaluator Background (Name is Optional)

Name: Danilla Lee

Rank: Deputy

Division: HCDC

HARRISON COUNTY SHERIFF DEPARTMENT TRAINING CRITIQUE

Date: 8/19/01 Training Title: Jail Security
Instructor: Capt Taylor

Please, answer all questions to assist with the continuing evaluation of Training.

1. What did you like about the Training?

Good Info.

2. What did you dislike about the Training?

3. Was the instructor well prepared?

Yes

4. Did the instructor appear to have knowledge of this course?

Yes

5. Was the Training material presented in such a way that it was easily understood?

Yes

6. Did you learn anything that you can apply to your job?

Yes

7. What was your overall evaluation of this program?

Superior

Above Average

Average

Below Average

Poor

8. Any additional comments/suggestions:

Evaluator Background (Name is Optional)

Name: _____

Rank: _____

Division: _____

HARRISON COUNTY SHERIFF DEPARTMENT TRAINING CRITIQUE

Date: 19 Sept 01 Training Title: Jail Security
Instructor: ~~Taylor~~ Chris CAPT TAYLOR

Please, answer all questions to assist with the continuing evaluation of Training.

1. What did you like about the Training? Very Straight up
2. What did you dislike about the Training?
Nothing
3. Was the instructor well prepared?
yes
4. Did the instructor appear to have knowledge of this course?
yes
5. Was the Training material presented in such a way that it was easily understood?
yes
6. Did you learn anything that you can apply to your job?
yes
7. What was your overall evaluation of this program?

<u>Superior</u>	Above Average	Average	Below Average	Poor
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8. Any additional comments/suggestions:

Evaluator Background (Name is Optional)

Name: Patricia Barnes Rank: Deputy
Division: Corrections

HARRISON COUNTY SHERIFF DEPARTMENT TRAINING CRITIQUE

Date: 12, 11, 01

Training Title: SECURITY

Instructor: CAPT TAYLOR

Please, answer all questions to assist with the continuing evaluation of Training.

1. What did you like about the Training? Tour of outside the facility seeing improvements being made
2. What did you dislike about the Training? NOTHING
3. Was the instructor well prepared? YES
4. Did the instructor appear to have knowledge of this course? yes
5. Was the Training material presented in such a way that it was easily understood? yes
6. Did you learn anything that you can apply to your job? YES
7. What was your overall evaluation of this program?

<u>Superior</u>	Above Average	Average	Below Average	Poor
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8. Any additional comments/suggestions:

Evaluator Background (Name is Optional)

Name: Russell E. Toms

Rank: Correctional Officer

Division: HCADC

HARRISON COUNTY SHERIFF DEPARTMENT TRAINING CRITIQUE

Date:

Training Title: SECURITY

Instructor: CAPT. TAYLOR

Please, answer all questions to assist with the continuing evaluation of Training.

1. What did you like about the Training?
LEARNING WHAT CHANGES HAVE BEEN MADE AND WHAT CHANGES ARE IN THE FUTURE.
2. What did you dislike about the Training?
NOTHING.
3. Was the instructor well prepared?
YES.
4. Did the instructor appear to have knowledge of this course?
YES.
5. Was the Training material presented in such a way that it was easily understood? YES.
6. Did you learn anything that you can apply to your job?
YES.
7. What was your overall evaluation of this program?

<u>Superior</u>	<u>Above Average</u>	Average	Below Average	Poor
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8. Any additional comments/suggestions:

Evaluator Background (Name is Optional)

Name:

Rank:

Division:

HARRISON COUNTY SHERIFF DEPARTMENT TRAINING CRITIQUE

Date: 12/11/01

Training Title: SECURITY

Instructor: CPT. TAYLOR

Please, answer all questions to assist with the continuing evaluation of Training.

1. What did you like about the Training? CPT. TAYLOR ESCORTED CLASS AROUND THE PERIMETER OF THE CLASS
2. What did you dislike about the Training? NOTHING
3. Was the instructor well prepared? YES
4. Did the instructor appear to have knowledge of this course? YES
5. Was the Training material presented in such a way that it was easily understood? YES
6. Did you learn anything that you can apply to your job? YES
7. What was your overall evaluation of this program?
Superior Above Average Average Below Average Poor
8. Any additional comments/suggestions:

Evaluator Background (Name is Optional)

Name: [Signature]

Rank: OFFICER

Division: CORRECTIONS

HARRISON COUNTY SHERIFF DEPARTMENT TRAINING CRITIQUE

Date: 12-14-01

Training Title: SECURITY
~~CPT TAYLOR~~

Instructor: CPT TAYLOR

Please, answer all questions to assist with the continuing evaluation of Training.

1. What did you like about the Training?

INFORMATIVE

2. What did you dislike about the Training?

3. Was the instructor well prepared?

Yes

4. Did the instructor appear to have knowledge of this course?

Yes

5. Was the Training material presented in such a way that it was easily understood?

Yes

6. Did you learn anything that you can apply to your job?

Yes

7. What was your overall evaluation of this program?

Superior Above Average Average Below Average Poor

8. Any additional comments/suggestions:

Evaluator Background (Name is Optional)

Name: HW SCOVIER, C

Rank: OFFICER

Division: CORRECTIONS - WORK CENTER

HARRISON COUNTY SHERIFF DEPARTMENT TRAINING CRITIQUE

Date: 12/11/01

Training Title: Security

Instructor: Capt Taylor

Please, answer all questions to assist with the continuing evaluation of Training.

1. What did you like about the Training? The teaching of how the Detention Center has changed and how it can help you as a ~~police~~ officer.
2. What did you dislike about the Training?
Nothing.
3. Was the instructor well prepared? Yes
4. Did the instructor appear to have knowledge of this course?
Yes
5. Was the Training material presented in such a way that it was easily understood?
Yes
6. Did you learn anything that you can apply to your job? Yes
7. What was your overall evaluation of this program?
Superior Above Average Average Below Average Poor
8. Any additional comments/suggestions:

Evaluator Background (Name is Optional)

Name: Ken Felt

Rank: _____

Division: _____

HARRISON COUNTY SHERIFF DEPARTMENT TRAINING CRITIQUE

Date: 12/11/01

Training Title: SECURITY

Instructor: CPT. TAYLOR

Please, answer all questions to assist with the continuing evaluation of Training.

1. What did you like about the Training?
ACTUALLY SEEING POSSIBLE SECURITY BREACHES.
WALKING AND HAVING AN OPEN DIALOGUE. INFORMAL & RELAXED
PRESENCE BY THE TRAINER
2. What did you dislike about the Training?
NOT ENOUGH TIME
3. Was the instructor well prepared?
YES
4. Did the instructor appear to have knowledge of this course?
YES
5. Was the Training material presented in such a way that it was easily understood?
YES
6. Did you learn anything that you can apply to your job?
YES
7. What was your overall evaluation of this program?

Superior	<u>Above Average</u>	Average	Below Average	Poor
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8. Any additional comments/suggestions:

Evaluator Background (Name is Optional)

Name: [Signature]

Rank: _____

Division: _____

HARRISON COUNTY SHERIFF DEPARTMENT TRAINING CRITIQUE

Date: 10/29/01 - 11/02/01 Training Title: Professionalism
Capt Taylor - Radio Communication
Instructor: Capt Taylor Drum Game

Please, answer all questions to assist with the continuing evaluation of Training.

1. What did you like about the Training? Informative
2. What did you dislike about the Training?
3. Was the instructor well prepared? yes
4. Did the instructor appear to have knowledge of this course? yes
5. Was the Training material presented in such a way that it was easily understood? yes
6. Did you learn anything that you can apply to your job? yes
7. What was your overall evaluation of this program?
Superior Above Average Average Below Average Poor
8. Any additional comments/suggestions:

Evaluator Background (Name is Optional)

Name: _____

Rank: _____

Division: _____

HARRISON COUNTY SHERIFF DEPARTMENT TRAINING CRITIQUE

Date: 9-26-01

Training Title: Jail Security/KEY CONTROL

Instructor: Capt. Taylor

Please, answer all questions to assist with the continuing evaluation of Training.

1. What did you like about the Training? Topic
2. What did you dislike about the Training? NO dislike
3. Was the instructor well prepared? YES
4. Did the instructor appear to have knowledge of this course? YES
5. Was the Training material presented in such a way that it was easily understood? YES
6. Did you learn anything that you can apply to your job? YES
7. What was your overall evaluation of this program?

Superior	<u>Above Average</u>	Average	Below Average	Poor
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8. Any additional comments/suggestions: NO

Evaluator Background (Name is Optional)

Name: _____

Rank: _____

Division: _____

**HARRISON COUNTY SHERIFF'S DEPARTMENT
TRAINING ATTENDANCE RECORD**

Phil L. Taylor ATTENDED A TRAINING CLASS
(NAME)

TITLED Corrections Emergency Policy

ON May 3 2002 AND RECEIVED 1.5

TRAINING CREDIT 1.5 HOUR (S) / ~~MINUTE~~ (S).

CERTIFIED SIGNATURE: Norma Gates

NAME OF CERTIFYING INDIVIDUAL: NORMA GATES
(PRINT)



HARRISON COUNTY SHERIFF'S DEPARTMENT

George H. Payne, Jr.
Sheriff

Post Office Box 1480
Gulfport, Mississippi 39502

INTER-OFFICE MEMO

Corrections Division 02-48

May 1, 2002

TO: Captain Taylor

REF: Supervisory Training

Be advised, all Supervisors will be required to complete an ACA Correctional Supervision Course. It is a correspondence course and Captain Lacy has been tasked with setting deadlines and assuring the course is completed. Please assure supervisors understand the course is mandatory and they are expected to give Captain Lacy their full cooperation. The names of the first group of supervisor scheduled for the course are listed below:

Lt. Weatherford
Lt. Kelley
Lt. Ladehoff
Sgt. McLemore

Sgt. Steube
Sgt. Drechsel
Sgt. Perrone
Sgt. Rogers

If you have questions or concerns, please advise.

Riley
Dianne Gatson-Riley
Director of Corrections

cc: Captain Lacy
Sgt. Krieger



HARRISON COUNTY SHERIFF'S DEPARTMENT

George H. Payne, Jr.
Sheriff

Post Office Box 1480
Gulfport, Mississippi 39502

MEMORANDUM

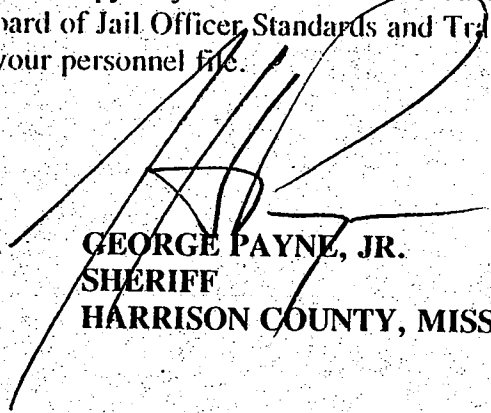
TO: PHIL L. TAYLOR

FROM: SHERIFF GEORGE PAYNE

DATE: FEB. 5, 2002

RE: PROFESSIONAL CERTIFICATE

Attached to this memorandum is a copy of your Professional Certificate. In accordance with the requirement of the Board of Jail Officer Standards and Training the original certificate will be retained in your personnel file.


GEORGE PAYNE, JR.
SHERIFF
HARRISON COUNTY, MISSISSIPPI

GHP/plp

cc: Major Dianne Riley
Personnel File

STATE OF MISSISSIPPI

Board on Jail Officer Standards and Training

Hereby awards this

Professional Certificate

TO

PHIL L. TAYLOR

426-23-8481

This 17th day of January, 2002

As being qualified to be a Mississippi Detention Officer under
Provisions of Chapter 482, General Laws of Mississippi, 1999.

Jim R. Houston Sr.
Director
Board on Jail Officer
Standards and Training

Ken Hecker
Chairman
Board on Jail Officer
Standards and Training

Certificate No. D-00743



DEPARTMENT OF PUBLIC SAFETY
BOARD ON LOCAL CORRECTIONAL OFFICER**STANDARDS & TRAINING****FULL-TIME LOCAL CORRECTIONAL OFFICER APPLICATION FOR CERTIFICATION - PART I**

READ THE INSTRUCTIONS ON PAGE 2

In accordance with the Jail Officers Training Program (JOTP) MCA § 45-4-1 et al. Warning: MCA § 97-7-10, "Fraudulent Statements and Representations", provides for severe penalties for misrepresentations or fraudulent statements to a board. This statute authorizes a fine of up to \$10,000.00 and a jail sentence of up to five (5) years. Further, the JOTP authorizes the Board on Local Correctional Officer Standards and Training (BLCOST) in § 45-4-9 (5)(b) to cancel and recall any certificate obtained through misrepresentation or fraud.

1. Name: PHIL L. TAYLOR 2. SSN: 426-23-8481
Give Full Name - First Middle Last

3. Date of Hire: 7/9/94 4. Date of Birth: 10/11/64 5. Title/Rank: SECURITY CAPTAIN

6. Department: HARRISON COUNTY SHERIFF'S DEPT. 7. Telephone: (228) 865-7092

8. Address: P.O. Box 1480 39503
Dept.'s Post Office Box or Street City & Zip Code

9. Has the applicant ever been certified under the JOTP? No (☒) Yes () 10. Certificate No. _____

11. Education, Years Completed 12 Number of High School Diploma ☒ or GED _____ Degree(s) _____

12. **EMPLOYMENT RECORD** List all employment. Begin with your most previous employment and work back. Use additional 8.5 x 11 sheets of paper if necessary.

Agency/Department	Position	City/State		Month	Day	Year
DNP INC.	A/C MECHANIC	Biloxi, MS	From:			1992
			To:			1994
BABERS LEASING	ACCOUNTS MANAGER	GULFPORT MS	From:			1990
			To:			1992
GREGORY CONSTRUCTORS INC.	LABOR	GULFPORT	From:			1982
			To:			1987
			From:			
			To:			

13. **TRAINING RECORD** List all completed correctional officer training for which you can provide documentation. Include copies of certificates of completion. Use additional 8.5 x 11 sheets of paper if necessary.

Name of Course	Location	Course Length		Month	Day	Year
BASIC JAIL CORRECTIONAL OFFICER ACADEMY	HARRISON COUNTY JAIL	80 HOURS	From:	Nov	30	1996
			To:	DEC	13	1996
ACA CERTIFICATION FOR SUICIDE PREVENTION	CORRESPONDENCE	20 HOURS	From:	JULY		1998
			To:	JULY		1998
ACA CERTIFICATION FOR SPECIAL NEEDS OFFENDERS	CORRESPONDENCE	40 HOURS	From:	OCT		1998
			To:	OCT		1998

Warning: MCA § 97-7-10, "Fraudulent Statements and Representations", provides for severe penalties for misrepresentations or fraudulent statements to a Board. This statute authorizes a fine of up to ten thousand dollars (\$10,000) and a jail sentence of up to five (5) years. Further, the Jail Officers Training Program authorizes the Board in MCA § 45-4-9 (5)(b) to cancel and recall any certificate obtained through misrepresentation or fraud.

A "yes" answer to any of these questions does not automatically bar anyone from obtaining certification. Any of the following questions that are answered "yes" must be explained to the Board. The explanation must be typed or printed in ink on a separate eight and a half (8½") by eleven (11") inch sheet of paper, signed and dated by the applicant and include all related court documents. All crimes must be reported, to include alcohol and drug related offenses. The only exceptions to this requirement are traffic offenses where the fine is less than one hundred dollars (\$100.00) and where the applicant has had fewer than four (4) traffic offenses within the preceding twenty-four (24) months. All traffic offenses involving drugs or alcohol must be reported regardless of the fine. Any alternative to sentencing that has been decreed by any political subdivision must be reported including, but not limited to: probation, fines, restitution, or community service.

Circle One

1. Have you ever been a defendant in a court martial, Article 15, Captain's Mast or other non-judicial punishment? Yes ☒ No
2. Has a judgement ever been issued against you? Yes ☒ No
3. Have you ever declared bankruptcy? Yes ☒ No
4. Have you ever been arrested or charged with a crime? Yes ☒ No
5. Have you ever received any alternatives to sentencing such as probation before judgement, pretrial diversion, non-adjudication of guilt or have you ever had an expungement? Yes ☒ No
6. Have you ever been found guilty or pled guilty or no contest to a crime? Yes ☒ No
7. Have you ever been refused a surety bond or turned down for employment that required a surety bond? Yes ☒ No
8. Have you ever been involuntarily terminated from employment or have you resigned to prevent immediate termination either while there was an ongoing investigation into your activities or at the conclusion of any such investigation? Yes ☒ No
9. Have you ever been addicted to or hospitalized for the use of alcohol or drugs? Yes ☒ No
10. Have you ever had a certificate, license or privilege removed, revoked, suspended, or voluntarily relinquished the same under state, federal or other laws? Yes ☒ No

I, the undersigned, do hereby swear and affirm that I am a citizen of the United States, by birth or naturalization, that I have never been convicted of a felony or a misdemeanor involving moral turpitude, that I have a valid high school diploma or its equivalent, that my discharge (if any) from the Armed Forces was under honorable conditions, that I am of good moral character, that I have provided my employer with a full explanation (without any omissions) of each and every "yes" answer to the above questions, one (1) through ten (10) of Part II of the "Application for Certification" form, and that these explanations (if any) are attached to this form, that I am at least twenty-one (21) years old, that I have read and do hereby confirm that all of the information contained in this application is correct, and that all other information I furnish in conjunction with my application is true and correct.

Witness my signature this, the _____ day of _____, 20____.

Phil L. Taylor
Applicant's Signature

PHIL L. TAYLOR
Print Applicant's Name

NOTARY PUBLIC

I, the undersigned authority in and for _____ County and State, do hereby attest that the above individual did personally appear before me. Who being by me first duly sworn on oath, depose and state that he or she is the individual named in Part II of the "Application for Certification and Background Investigation Review" form, and that the said individual signed Part II of the foregoing "Application for Certification and Background Investigation Review" form.

GIVEN under my hand and official seal this, the _____ day of _____, 20____.

Notary Public _____

Name of Course	Location	Course Length		Month	Day	Year
BASIC LAW ENFORCEMENT ACADEMY	LLSM	10 WEEKS	From:	JAN		1998
	GULF PARK CAMPUS		To:	MARCH		1998
PACT INSTRUCTOR CERTIFICATION TRAINING	HATTIESBURG, MS	5 DAYS	From:	NOV		1998
			To:	NOV		1998
INSTRUCTOR DEVELOPMENT COURSE	LLSM	3 DAYS	From:	DEC		1998
	GULF PARK CAMPUS		To:	DEC		1998
INSTRUCTOR CERTIFICATION O.C.	INTRA-ALEX	3 DAYS	From:	OCT		1999
	SEAWAY RD		To:	OCT		1999
BASIC CRIMINAL STREET GANGS	BATON ROUGE	3 DAYS	From:	NOV	8	1999
	LOUISIANA		To:	NOV	10	1999
FIRST LINE SUPERVISION	BILOXI, MS	3 DAYS	From:	NOV	20	2000
			To:	NOV	22	2000
FIRST AID / CPR RECERT	HARRISON COUNTY JAIL	4 HOURS	From:	JUNE	26	2001
			To:	JUNE	26	2001
METAL-TEC 1400 INSTRUCTOR TRAINING	PEARL, MS	2 HOURS	From:	JULY	12	2001
			To:	JULY	12	2001
			From:			
			To:			
			From:			
			To:			
			From:			
			To:			
			From:			
			To:			

Ref: A yes answered to question #2 of the Correctional Officer Application for Certification

I was ordered to pay child support approximately 10 years ago by a judge in County court. Specific date is unknown.

I do not have court documents to support this.

Signature Phil S. Saffer Date: 9/7/2001

METAL-TEC 1400

Factory Training Course Certificate of Completion

Issued The 12th Day of July, 2001 to

Phil L. Taylor

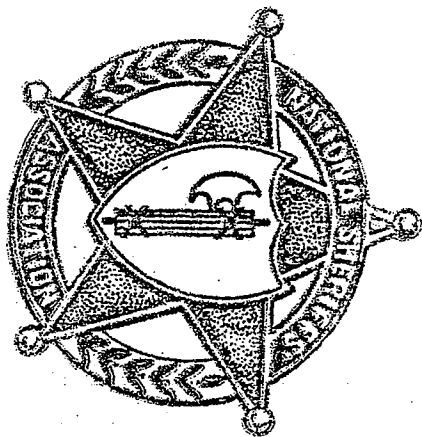
For successfully completing the Factory Training and Certification Course, and is now Factory Certified to Train others within their department in the proper use of the METAL-TEC 1400.

Certificate No. - 101567

7/11/03
Expiration Date

Tom Raines
Course Instructor





Certificate of Accomplishment

NATIONAL SHERIFFS' ASSOCIATION

This is to certify that

Phil L. Taylor

has successfully completed the Jail Officers' Correspondence
Training Program administered by The National Sheriffs'
Association.

Charles W. S. Smead
Executive Director National Sheriffs' Association

© Goes 14212

Harrison County Sheriff's Department
University of Southern Mississippi - Gulf Coast
Law Enforcement Training Academy

has successfully completed the 40 hour Instructor Development Course at the Harrison County Sheriff's Department University of Southern Mississippi - Gulf Coast Law Enforcement Training Academy

Presented
this 4th day of December, 1998

Dr. Michael A. McCaleb, Instructor

Joe Price
Randy Cook, Academy Director

Corrections

Law Enforcement



Instructor Certificate

This is to certify that

Phil L. Taylor

has successfully completed all requirements for the listed Instructor Course, and can train and certify other personnel in the Basic training program.

OC (Oleoresin Capsicum) Aerosol Instructor

OCTOBER 29, 2001

Expires

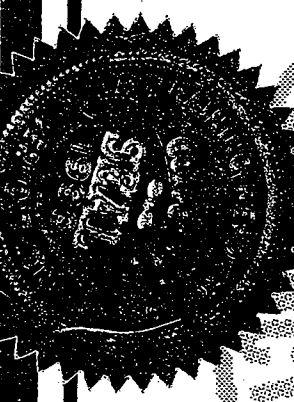
This, the 29th day of OCTOBER *1999*

MS 426238481

Certification Number

Thomas J. Archambault
Instructor Trainer

Thomas J. Archambault
President





Multijurisdictional Counterdrug Task Force Training

This Certifies That

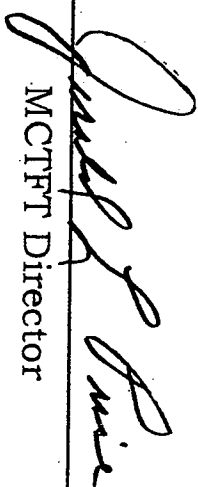
Phil L. Taylor

Has Attended and Successfully Completed

Criminal Street Gangs Basic

24 Training Hours
November 8, 1999 - November 10, 1999
Baton Rouge, LA




MCTFT Director



Public Agency Training Council/
National Criminal Justice
CERTIFICATE OF ATTENDANCE

PHIL TAYLOR

Has Completed
24 Hours of Instruction in

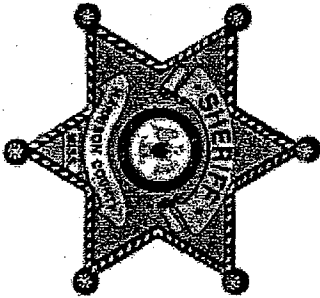
First Line Supervision, Leadership Skills
Biloxi, Mississippi
November 20, 21 & 22, 2000



James Currie
James Currie
Instructor

James R. Alsip
James R. Alsip
Director

Harrison County Sheriff's Department
Correctional Division



This is to certify that

CAPT. PHIL TAYLOR

has successfully completed

CPR/FIRST AID

This the 26th day of JUNE, 2001

Lt. A. Kelly
Instructor